

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: Yuba-Sutter	Valley	Chapter: 8
Inspected by: Sgt. S. Klocker		Date: 04/13/2010

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 3 Hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Valley Division Due Date: 04/15/2010		
Chapter Inspection: 8-Command DUI Cost Recovery			
Inspector's Comments Regarding Innovative Practices:			

NONE.

Command Suggestions for Statewide Improvement:

NONE.

Inspector's Findings:

13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity? During inspection it was discovered the CHP 415s pertaining to DUI cost recovery did not contain the billable DUI time. Steps have been taken to preclude this from occurring in the future.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)
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NONE.

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Command: Yuba-Sutter	Valley	Chapter: 8
Inspected by: Sgt. S. Klocker		Date: 04/13/2010

Required Action
Corrective Action Plan/Timeline

NONE.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 4/14/10
	INSPECTOR'S SIGNATURE 	DATE 4-14-10
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 06/22/10

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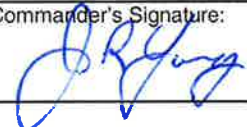
INSPECTION PROGRAM

CHAPTER 8

COMMAND DUI COST RECOVERY

Command: Yuba Sutter	Division: Valley	Number:
Evaluated by: Sgt. S. Klocker, ID #10836		Date: 04/13/2010
Assisted by: Officer V. Martin, ID #15769		Date: 04/13/2010

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: 4/14/10
For applicable policies, refer to HPM 11.1, Administrative Procedures Manual, Chapter 20.			
Note: A "Yes" response indicates full compliance with policy. If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
2. What are these procedures? CHP 735's are prepared by the investigating officer whenever the criteria are met for completion. Attached to the CHP 735 is the corresponding CHP 415's for the investigating officer and any personnel assisting with the investigation. The CHP 735 and CHP 415's are checked for accuracy by both the court officer and a supervisor to insure proper billing.			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: The court officer
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:

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5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> • A Blood Alcohol Content (BAC) under .08% • A chemical test is positive for drugs only • There is no supporting BAC test of drug test (i.e., a refusal) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The court officer maintains the pending CHP 735's until the court case is adjudicated.
7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates? <ul style="list-style-type: none"> • The date of BAC results of \geq.08% were received • The date of BAC results of \geq.04% were received for a commercial driver 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: With the exception of an incomplete report exceeding the 10 days following the receipt of the BAC results.
8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following? <ul style="list-style-type: none"> • The person arrested refused to provide a chemical test • The arrest was for drugs only • A BAC of $<$.08% was obtained 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Future CHP 415's will comply with policy.
14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735? <ul style="list-style-type: none"> • Response Time • On-Scene Investigation • Follow-up Investigation • Report Writing • Vehicle Storage • Call Back • Field Sobriety Testing • Transportation • Booking • Chemical Testing • Traffic Control 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the optional CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program?				
20. If the command is not utilizing the CHP 735A, does the command use a case monitoring system to track cases qualifying for the DUI Cost Recovery Program which includes all of the following information: <ul style="list-style-type: none"> • Defendant Information? 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:

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<ul style="list-style-type: none"> • Violation Information? • Court Information? • FMS Information? • BAC test results? 				
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Does the command reconcile their CHP 735 documentation so that the Department will not have to make any refund as result of overpayment or erroneous charges?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Question 25 pertains to Fiscal Management Section.				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:

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Command: Yuba-Sutter	Valley	Chapter: 8
Inspected by: Sgt. S. Klocker		Date: 04/13/2010

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 2 Hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Valley Division Due Date: 04/15/2010		
Chapter Inspection: 8-Command Reimbursable Services			
Inspector's Comments Regarding Innovative Practices:			

NONE.

Command Suggestions for Statewide Improvement:
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NONE.

Inspector's Findings:

The Yuba-Sutter Area's Reimbursable Services program is being managed in compliance with departmental policy and procedure.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
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Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

NONE.

Required Action
Corrective Action Plan/Timeline

NONE.

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Command: Yuba-Sutter	Valley	Chapter: 8
Inspected by: Sgt. S. Klocker		Date: 04/13/2010

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 4/14/10
	INSPECTOR'S SIGNATURE  # 10836	DATE 4-14-10
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 06/22/10

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COMMAND REIMBURSABLE SERVICES

Command: Yuba Sutter	Division: Valley	Number:
Evaluated by: Sgt. S. Klocker, ID #10836		Date: 04/13/2010
Assisted by:		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 		
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	
Date: 4/14/10				
For applicable policies, refer to HPM 11.1, Chapter 6.				
Note: A "Yes" response indicates full compliance with policy. If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.				
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:

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Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division Coordinator maintains log.
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division maintains
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division maintains
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
23. Is the original RSA signed and filed at Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
29. Are dignitary protection services referred to the Office				Remarks:

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of Dignitary Protection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not an Area command responsibility.
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Questions 32 through 37 pertain to training agreement procedures and reporting for services provided.				
32. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEEP, MAZEEP, extraordinary protective services, and special projects) within 5 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: * Several questions are 'N/A' for the Area inspection.
33. Are copies of CHP 467 forms forwarded to the next level of review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: *
34. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: *
35. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Valley Division coordinator maintains the log for all Areas.
36. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: *
37. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: *
Questions 38 through 51 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.				
38. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: This is not within the scope of an Area inspection.
39. Is a reimbursable special project code obtained on every contractual service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
40. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
41. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: By Division
45. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEEP/MAZEEP)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Are all COZEEP/MAZEEP reports forwarded to				

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Division by the 15 th of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: This is not within the scope of an Area inspection.
48. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
49. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Are all payments made directly to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
51. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Current procedures require a full deposit before services are provided.